STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER: Plainsman		2. DATE: 9/20/2024
3. FREQUENCY OF ISSUE: 5 times a week	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 262	3B. ANNUAL SUBSCRIPTION PRICE $: 185.35

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers): Plainsman 45 3rd St SE Beadle Huron, SD 57350

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers): News Media Corporation 211 Hy 38E Rochelle, IL 61068

6. FULL NAME OF PUBLISHER: Mark Peers

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
John C. Tompkins Revocable Trust	211 Hy 38E Rochelle IL 61068

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	5531	5482
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	2310	2320
2. Mail Subscription (Paid and or requested)	1786	1730
3. Paid Electronic Copies	524	524
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	4620	4574
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	511	508
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	5131	5082
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	400	400
2. Return from News Agents	—	—
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	5531	5482

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

(Signature)

Business/Circulation Manager
(Title)

State of South Dakota)
§
County of Beadle)

Sworn to before me this 27 day of Sept., 2024

Notary Public

My commission expires: 12/27/24

(Seal)

MARK E. DAVIS NOTARY PUBLIC SOUTH DAKOTA SEAL

Form: SOS REC 051 [illegible]